

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Date:: 10/01/01
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?: NONE
Sequence Submission?: PAPER
Title:: ASPARTOACYLASE GENE, PROTEIN,
AND METHODS OF SCREENING FOR
MUTATIONS ASSOCIATED WITH
CANAVAN DISEASE
Attorney Docket Number:: SHUTT-1 C1
Total Drawing Sheets:: 13

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: U.S.A.
Status:: FULL CAPACITY
Given Name:: Reuben
Family Name:: Matalon
City of Residence:: Coral Gables
State or Province of Residence:: Florida
Country of Residence:: U.S.A.
Street of Mailing Address:: 640 Destacada Avenue
City of Mailing Address:: Coral Cables
State or Province of Mailing Address:: Florida
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 33156

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: India
Status:: FULL CAPACITY
Given Name:: Rajinder
Family Name:: Kaul
City of Residence:: Miami
State or Province of Residence:: Florida
Country of Residence:: U.S.A.
Street of Mailing Address:: 7305 S.W. 123rd Street
City of Mailing Address:: Miami
State or Province of Mailing Address:: Florida
Country of Mailing Address:: U.S.A.

0965807-100181

Postal or Zip Code of Mailing Address:: 33156
Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: China
Status:: FULL CAPACITY
Given Name:: Guang
Middle Name:: Ping
Family Name:: CAO
City of Residence:: Miami
State or Province of Residence:: Florida
Country of Residence:: U.S.A.
Street of Mailing Address:: 9682 Fountainbleu Blvd., #405
City of Mailing Address:: Miami
State or Province of Mailing Address:: Florida
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 33172

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: India
Status:: FULL CAPACITY
Given Name:: Kuppareddi
Family Name:: Balamurugan
City of Residence:: Miami
State or Province of Residence:: Florida
Country of Residence:: U.S.A.
Street of Mailing Address:: 6150 S.W. 40TH Street, Apt. A-7
City of Mailing Address:: Miami
State or Province of Mailing Address:: Florida
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 33155

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: U.S.A.
Status:: FULL CAPACITY
Given Name:: Kimberlee
Family Name:: Michals-Matalon
City of Residence:: Coral Gables
State or Province of Residence:: Florida
Country of Residence:: U.S.A.
Street of Mailing Address:: 640 Destacada Avenue
City of Mailing Address:: Coral Gables
State or Province of Mailing Address:: Florida
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 33156

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/128,020	09/29/93

ASSIGNMENT INFORMATION

Assignee Name:: Miami Children's Hospital Research Inst.
 Street of Mailing Address:: 6125 S.W. 31st Street
 City of Mailing Address:: Miami
 State or Province of Mailing Address:: Florida
 Country of Mailing Address:: U.S.A.
 Postal or Zip Code of Mailing Address:: 33155

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